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PTO/SB/01 (10-00)

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**DECLARATION
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Declaration Submitted after
Initial Filing OR Initial Filing (Surcharge
(37 CFR 1.16(e)) required)

Attorney Docket Number	JAB-1694
First Named Inventor	Jean F.A. Lacrampe et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTERLEUKIN-5 INHIBITING 6-AZURACIL DERIVATIVES
(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
99870170.0 99126035.7	EP EP	08/06/1999 12/27/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

100-25376-02214002

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
10/_____	February 5, 2002	Pending

I hereby appoint:

Practitioners at Customer Number 000027777 → Place Customer
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AND

Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Ellen Ciambrone Coletti at telephone number (732) 524-2359.

Direct all correspondence to:	Customer Number <input checked="" type="checkbox"/> or Bar Code Label	000027777	OR	<input type="checkbox"/> Correspondence address below
Name:				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jean Fernand Armand		Family Name or Surname	Lacrampe
Inventor's Signature		Date	
Residence: City F-76240 Le Mesnil Esnard	State	Country France	Citizenship France
Mailing Address Janssen-Cilag S.A. 1, rue Camille Desmoulins, TSA 91003, F-92787 Issy-Les-Moulineaux Cedex 9, France			
City Issy-Les-Moulineaux	State	ZIP F-92787	Country France
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Eddy Jean Edgard		Family Name or Surname	Freyne
Inventor's Signature		Date	
Residence: City B-2840 Rumst	State	Country Belgium	Citizenship Belgium
Mailing Address Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340, Belgium			
City Beerse	State	ZIP B-2340	Country Belgium
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Frederik Dirk		Family Name or Surname	Deroose
Inventor's Signature		Date	
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City Beerse	State	ZIP B-2340	Country Belgium

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NAME OF SOLE OR FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jérôme Michel Claude		Family Name or Surname Fortin	
Inventor's Signature		Date	
Residence: City F-27690 Lery	State	Country France	Citizenship France
Mailing Address Janssen-Cilag S.A. 1, rue Camille Desmoulins, TSA 91003, F-92787 Issy-Les-Moulineaus Cedex 9, France			
City Issy-Les-Moulineaus	State	ZIP F-92787	Country France
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Erwin		Family Name or Surname Coesemans	
Inventor's Signature		Date	
Residence: City B-2560 Nijlen	State	Country Belgium	Citizenship Belgium
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